FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

14/	/6
OMB APPR	
OMB Number:	3235-0076
Expires:	April 30, 2008
Estimated average be	urden
hours per response.	16.00

SEC USE ONLY					
Prefix	Serial				
<u> </u>	. [
DATE RECEIVED					

·	
Name of Offering (check if this is an amendment and name has changed, and indicate change.) Private Placement of Membership Units of Local Economies Income Fund, LLC	•
Filing Under (Check box(es) that apply):	4(6) ULOE
Type of Filing: New Filing 🛛 Amendment*	
A BASIC DENTIFICATION DATA	1 (447) 44 (417) 47 (417) 47 (417) 47 (417)
Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Local Economies Income Fund, LLC	
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Nun 721 NW 9th Avenue, Suite 250, Portland, OR 97209	08046630
Address of Principal Business Operations (Number and SPECESSEP) Telephone Number (if different from Executive Offices)	(Including Area Code) Wail Processing
THOMSON	PR 152008
Type of Business Organization	
Type of Business Organization corporation	anington, DC
Month Year Actual or Estimated Date of Incorporation or Organization: 1 1 1 □ □ 7 ☑ Actual □ Estimated	ed
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	7
CN for Canada; FN for other foreign jurisdiction)]
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section	4(6), 17 CFR 230,501 et seq.

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: <u>Five (5) copies</u> of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer: Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. ☐ Executive Officer Director General and/or ■ Beneficial Owner Check Box(es) that Apply: □ Promoter Managing Partner Full Name (Last name first, if individual) Portfolio 21 investments, Inc. Business or Residence Address (Number and Street, City, State, Zip Code) 721 NW 9th Avenue, Suite 250, Portland, OR 97209 ☐ Beneficial Owner □ Director ☐ General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Leslie Christian Business or Residence Address (Number and Street, City, State, Zip Code) c/o Portfolio 21 Investments, Inc., 721 NW 9th Avenue, Suite 250, Portland, OR 97209 General and/or Check Box(es) that Apply: Promoter ■ Beneficial Owner □ Director Managing Partner Full Name (Last name first, if individual) Carsten Henningsen Business or Residence Address (Number and Street, City, State, Zip Code) c/o Portfolio 21 Investments, Inc., 721 NW 9th Avenue, Suite 250, Portland, OR 97209 ☐ General and/or □ Director Check Box(es) that Apply: Promoter Beneficial Owner Managing Partner Full Name (Last name first, if individual) Robert Baird Business or Residence Address (Number and Street, City, State, Zip Code) c/o Portfolio 21 Investments, Inc., 721 NW 9th Avenue, Suite 250, Portland, OR 97209 General and/or Check Box(es) that Apply: □ Promoter Beneficial Owner ☐ Executive Officer Director Managing Partner Full Name (Last name first, if individual) Catherine Coslor Business or Residence Address (Number and Street, City, State, Zip Code) 714 Felipe Street, Sante Fe, NM 87505 ■ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Amanda Coslor Business or Residence Address (Number and Street, City, State, Zip Code) 535 Laidley Street, San Francisco, CA 94131

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

☐ Executive Officer

Director

General and/or

Managing Partner

☐ Beneficial Owner

Check Box(es) that Apply:

Full Name (Last name first, if individual)

Promoter

Business or Residence Address (Number and Street, City, State; Zip Code)

B. INFORMATION ABOUT OFFERING	
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?	Yes No □
Answer also in Appendix, Column 2, if filing under ULOE.	
2. What is the minimum investment that will be accepted from any individual?	\$ 60,000.00
Does the offering permit joint ownership of a single unit?	Yes No □
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.	
Full Name (Last name first, if individual) N/A	
Business or Residence Address (Number and Street, City, State, Zip Code) N/A	
Name of Associated Broker or Dealer	
N/A .	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	
(Check "All States" or check individual States)	☐ All States
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY]] [MO]] [PA]
Full Name (Last name first, if individual) N/A	
Business or Residence Address (Number and Street, City, State, Zip Code) N/A	
Name of Associated Broker or Dealer N/A	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	
(Check "All States" or check individual States)	☐ All States
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY]	[ID] [MO] [PA]
Full Name (Last name first, if individual) N/A	
Business or Residence Address (Number and Street, City, State, Zip Code) N/A	
Name of Associated Broker or Dealer	
N/A	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	
(Check "All States" or check individual States)	☐ All States
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY]	[MO] [PA]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box
and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Sold Offering Price Type of Security Debt 0 Equity Common Preferred Convertible Securities (including warrants)..... 0 Partnership Interests.... Other (Specify Membership Units)..... 2,063,782.90 No Limit Total..... Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of Aggregate their purchases on the total lines. Enter "0" if answer is "none" or "zero." Number **Dollar Amount** Investors of Purchases 2,063,782.90 Accredited Investors 0 Non-accredited Investors Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C -Question 1. Type of Dollar Amount Security Sold Type of offering Rule 505 Regulation A..... Rule 504 Total Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees..... 0 Printing and Engraving Costs \$20,000 Legal Fees \$1,000 Accounting Fees \square Engineering Fees Sales Commissions (specify finders' fees separately)..... 0 0 Other Expenses (identify) ___ Total..... 21,000

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND	D USE ÖF PROC	EEDS: `	が後端を表
4.	b. Enter the difference between the aggregate offering price given in response to Part C—Question 1 and total expenses furnished in response to Part C—Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$	2,042,782.90
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.b above.	Payments to Officers, Directors, & Affiliates		Payments to Others
	Salaries and fees	<u> </u>	□ s _	. 0
	Purchase of real estate	50	□ \$_	0
	Purchase, rental or leasing and installation of machinery and equipment	<u> </u>	□ s _	0
	Construction or leasing of plant buildings and facilities	0	- \$_	0
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	<u> </u>	.□ \$_	<u>0</u>
	Repayment of indebtedness	0	□ \$_	. 0
	Working capital	0	⊠ \$	2,042,782.90
	Other (specify):	. 0	□ \$_	0
			□ \$ _	0
	Total Payments Listed (column totals added)	⊠ \$2,04	2 <u>,782.90</u>	
	FEDERAUSIGNATURE COMPANIES OF THE PROPERTY OF			
sign	issuer has duly caused this notice to be signed by the undersigned duly authorized person. If ature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange C rmation furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule	Commission, upon	d under Rul written req	e 505, the following quest of its staff, the
	er (Print or Type) AL ECONOMIES INCOME FUND, LLC Signature Lulie List	ia_	Date 4/	11/08
	ne of Signer (Print or Type) Title of Signer (Print or Type) RTFOLIO 21 INVESTMENTS, INC., its Manager By: Leslie Christian, President			
				,
•	•			•

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	A STATE SIGNATURE FILE STATE SIGNATURE	i de la d						
1.	1. Is any party described in 17 C.F.R. 230.262 presently subject to any of the disqualification provisions	Yes	No					
	See Appendix, Column 5, for state response.							
2.	 The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, (17 C.F.R. 239.500) at such times as required by state law. 	a notice of	Form D					
3.	3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnish offerees.	hed by the	issuer to					
4.		Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the						
	The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by tauthorized person.	the undersi	gned duly					
	Issuer (Print or Type) LOCAL ECONOMIES INCOME FUND, LLC Signature LOCAL ECONOMIES INCOME FUND, LLC LOCAL ECONOMIES INCOME FUND, LLC	1/08						
	Name of Signer (Print or Type) PORTEOL IO 21 INVESTMENTS, INC., its Manager By: Leslie Christian, President		•					

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				E. CAPE	ENDIX				
1		2	3	<u> </u>		4			5
	to non-a	to sell ccredited s in State Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)			Disqualification under State ULOE (if yes, attach explanation of waiver granted (Part E-Item 1)	
				Number of Accredited		Number of Non-Accredited			
State AL	Yes	No		Investors	Amount	Investors	Amount	Yes	No
AK							· ·		
AZ					·				·
AR CA	. <u>-</u>	х	Membership Units	2	\$350,571.53	. 0	0		X
CO		· ^	\$350,571.53		4000,017,000		-	. ,	
СТ	, 								
DE		·	-						
DC									
FL						,			
GA									
н									
ID				-					
IL					-				
IN	***************************************								
IA									
KS									
KY					-				
LA									
MD									
ME			·						
MA								-	
MI		_							
MN									
MS	:								i
МО									

				A PENARR	DVDIX				
1		2	3			4		•	5
	to non-a	to sell ccredited s in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)		Disqualification under State ULOE (if yes, attach explanation of waiver granted (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Number of Number of Non-Accredited			Yes	No
MT	103	110	,	nivosiois .	IIIIouiii	1117001010			
NE			<u> </u>					<u> </u>	
NV									
NH									
NJ									
NM		Х	Membership Units \$250,000	1	\$250,000	0	0		Х
NY									
NC									
ND		-		,			-		
ОН									
OK							,		
OR		Х	Membership Units \$963,211.37	9	\$963,211.37	0	0		Х
PA									
RI									
SC									
SD					·		,		
TN									
TX		<u> </u>	· · · · · · · · · · · · · · · · · · ·	:					
UT									
VT		Х	Membership Units \$100,000	1	\$100,000	0	0		X
VA									
WA		X	Membership Units \$400,000	4	\$400,000	0	0		X
WV									
WI		_							
WY			, 				, , , , , , , , , , , , , , , , , , ,		
PR					<u></u>				<u> </u>

